

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (POC)		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 395867	(X2) MULTIPLE CONSTRUCTION: A. BLDG: <u>00</u> B. WING: _____		(X3) DATE SURVEY COMPLETED: 05/24/2023
NAME OF PROVIDER OR SUPPLIER: LAKEVIEW HEALTHCARE AND REHAB STATE LICENSE NUMBER: 194802		STREET ADDRESS, CITY, STATE, ZIP CODE: 15 WEST WILLOW STREET SMETHPORT, PA 16749			
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F 0000	INITIAL COMMENT	F 0000			
F 0678	Based on an Abbreviated Complaint Survey completed on May 24, 2023, it was determined that Lakeview Healthcare and Rehab was not in compliance with the following requirements of 42 CFR Part 483, Subpart B, Requirements for Long Term Care Facilities and the 28 PA Code, Commonwealth of Pennsylvania Long Term Care Licensure Regulations.	F 0678			
SS=E					

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE:

(X6) DATE:

Any deficiency statement ending with an asterisk (*) denotes a deficiency which may be excused from correction providing it is determined that other safeguards provide sufficient protection to the patients. The findings stated above are disclosable whether or not a plan of correction is provided. The findings are disclosable within 14 days after such information is made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

This form is a printed electronic version of the CMS 2567L. It contains all the information found on the standard document in much the same form. This electronic form once printed and signed by the facility administrator and appropriately posted will satisfy the CMS requirement to post survey information found on the CMS 2567L.

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F 0678 SS=E	Continued from page 1 483.24(a)(3) Cardio-Pulmonary Resuscitation (CPR) §483.24(a)(3) Personnel provide basic life support, including CPR, to a resident requiring such emergency care prior to the arrival of emergency medical personnel and subject to related physician orders and the resident's advance directives. This REQUIREMENT is not met as evidenced by:	F 0678	Lakeview Healthcare clinical personnel will have the ability to provide and will maintain Basic Life Support/Cardiopulmonary Resuscitation certification. All licensed personnel were reviewed for CPR certification at the time of the complaint survey visit on May 5, 2023. Registered Nurses E3, E4 and E5 have achieved CPR certification while Registered Nurses E1 and E2 and Licensed Practical Nurse E6 will achieve CPR certification. The Nursing Home Administrator will monitor the CPR certification status of Registered Nurses and Licensed Practical Nurses monthly times six months. Newly employed Nursing staff will have CPR certification at the time of hire or within one month of employment. Results of CPR Certification monitoring will be reported to facility QAPI monthly times six months.	Completion Date: 07/07/2023 Status: APPROVED Date: 06/08/2023	

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F 0678 SS=E	<p>Continued from page 2</p> <p>Based on review of select facility policies, staff cardiopulmonary resuscitation (CPR) training and certification information and staff interview, it was determined that the facility failed to ensure licensed nursing staff maintained current training to provide basic life support for six of 12 licensed personnel reviewed (Employees E1 through E6).</p> <p>Findings include:</p> <p>Review of a facility policy entitled, "Emergency Procedure-Cardiopulmonary Resuscitation," indicated that in "Preparation for Cardiopulmonary Resuscitation" clinical staff members would maintain Basic Life Support/Cardiopulmonary Resuscitation certification.</p> <p>During interview on 5/5/23, at 9:45 a.m. the Nursing Home Administrator (NHA) disclosed that the employee files for licensed staff did not contain records of current CPR certification and revealed that several of licensed staff employed by the facility,</p>	F 0678			

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F 0678 SS=E	Continued from page 3 did not have current CPR certification. On 5/8/23, the NHA provided a list of currently employed licensed staff and their CPR certification status. This list disclosed that Registered Nurse Employees E1, E2, E3, E4 and E5 and Licensed Practical Nurse E6 did not have current CPR certifications. 28 Pa. Code 201.18(b)(1)(3) Management 28 Pa. Code 211.12 (d)(1)(3)(5) Nursing services	F 0678			
F 0836 SS=F		F 0836			

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F 0836 SS=F	Continued from page 4 483.70(a)-(c) License/Comply w/ Fed/State/Loel Law/Prof Std §483.70(a) Licensure. A facility must be licensed under applicable State and local law. §483.70(b) Compliance with Federal, State, and Local Laws and Professional Standards. The facility must operate and provide services in compliance with all applicable Federal, State, and local laws, regulations, and codes, and with accepted professional standards and principles that apply to professionals providing services in such a facility. §483.70(c) Relationship to Other HHS Regulations. In addition to compliance with the regulations set forth in this subpart, facilities are obliged to meet the applicable provisions of other HHS regulations, including but not limited to those pertaining to nondiscrimination on the basis of race, color, or national origin (45 CFR part 80); nondiscrimination on the basis of disability (45 CFR part 84); nondiscrimination on the basis of age (45 CFR part 91); nondiscrimination on the basis of race, color, national origin, sex, age, or disability (45 CFR part 92); protection of human subjects of research (45 CFR part 46); and fraud and abuse (42 CFR part 455) and protection of individually identifiable health information (45 CFR parts 160 and 164). Violations of such other provisions may result in a finding of non-compliance with this paragraph.	F 0836	High Tide Medical was paid in full for outstanding CPR invoice on 5/22/2023. The facility Nursing Home Administrator reviewed current vendors with outstanding balances with controller. Based upon review of current vendors, payments were made to Ascentium Capital, Advanced Dysphagia, Jim Banks, Broadcast Billing Service, Buchanan Brothers, C.L. McKiernan, CertaSite, Costa's, Direct Supply, KRx Medication Consultants, Medline, National Fuel, PAC Industries on 5/22/2023. The organization has implemented an electronic invoicing system effective 6/1/2023. The facility sends invoices to a designated email address that is electronically sorted and coded for payment. The facility Administrator is notified via email of the need to "approve" the invoice and is then processed for payment by accounts payable based upon agreed upon terms with each vendor for balances due. Invoices and payments are updated on the associated facility ledger and	Completion Date: 07/07/2023 Status: APPROVED Date: 06/20/2023	

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F 0836 SS=F	Continued from page 5 This REQUIREMENT is not met as evidenced by:	F 0836	provided to the facility Administrator on a routine basis for review and reconciliation of any outstanding payments communicated to the accounts payable department. The facility Administrator will conduct an audit of all invoices processed for payment for the prior week, weekly x4, and a random audit of invoices completed monthly x2 thereafter with results submitted to the facility Quality Assessment and Assurance Committee.		

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F 0836 SS=F	<p>Continued from page 6</p> <p>Based on a review of vendor invoices as well as interviews with vendors and staff, it was determined that the facility failed to operate in compliance with state regulations and codes and failed to pay vendors in a timely manner.</p> <p>Findings include:</p> <p>28 PA Code Commonwealth of Pennsylvania Long Term Care Licensure Regulations subsection 201.14(g), dated July 24, 1999, revealed that a facility owner shall pay in a timely manner bills incurred in the operation of a facility that are not in dispute and that are for services without which the resident's health and safety are jeopardized.</p> <p>Review of a vendor invoice for Cardio-Pulmonary Resuscitation (CPR) training services reflected services were provided 9/27/22 for an original fee of \$713.69. The facility failed to pay for those services rendered. The CPR vendor has applied a monthly late fee of \$42.82 each month.</p>	F 0836			

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F 0836 SS=F	<p>Continued from page 7</p> <p>Review of a facility invoice payment with an effective date of 5/08/23, in the amount of \$899.25 indicated that a payment was in process to the vendor that provided the CPR training services.</p> <p>During an interview on 5/18/23, at 2:00 p.m. CPR training vendor representative disclosed that they had received a copy of the invoice payment with the effective date of 5/08/23, from the facility and was awaiting payment but had not yet been received as of 5/18/23. During an additional interview on 5/19/23, at 8:05 a.m. CPR training vendor representative revealed that there continued to be accruing late fees for a current outstanding total of \$984.89. The vendor representatives indicated they have reached out to the facility for payment and would not continue to provide these training services due to non-payment.</p> <p>Review of the facility's Accounts Payable Ledger, on 5/22/23, that reflected amounts due through 3/15/23, revealed an outstanding balance of</p>	F 0836			

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F 0836 SS=F	<p>Continued from page 8</p> <p>\$899.25 for the vendor that provided CPR training services for the facility and that a payment was made in the amount of \$899.25 on 5/22/23. The late fees for April and May 2023 were not reflected in the payment made on 5/22/23. The ledger also revealed multiple outstanding payments due for a variety of other vendors.</p> <p>During an interview on 5/22/23, at 10:58 a.m. the Nursing Home Administrator confirmed that the above vendor continued to have an outstanding payment due from 9/27/22, through 5/22/23 and that a payment transaction was currently to be processed of \$899.25 on 5/22/23, reflecting 237 days past the date services were rendered on 9/27/22 and did not include the additional late fees.</p> <p>28 Pa. Code 201.14 (g) Responsibility of licensee</p> <p>28 Pa. Code 201.18 (e)(1) Management</p>	F 0836			

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F 0836 SS=F	Continued from page 9	F 0836			



Certified End Page

LAKEVIEW HEALTHCARE AND REHAB

STATE LICENSE NUMBER: 194802

SURVEY EXIT DATE: 05/24/2023

**I Certify This Document to be a True and Correct Statement of Deficiencies and
Approved Facility Plan of Correction for the Above-Identified Facility Survey**

A handwritten signature in black ink that reads "Jeane Parisi".

Jeane Parisi
Deputy Secretary for Quality Assurance

A handwritten signature in black ink that reads "Debra L. Bogen MD".

Debra L. Bogen, MD, FAAP
Acting Secretary of Health



THIS IS A CERTIFICATION PAGE

PLEASE DO NOT DETACH

THIS PAGE IS NOW PART OF THIS SURVEY